

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015537

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2204

2204

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
JOS. C. Mc Hale MEDICAL CERTIFICATION

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in lb
414

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 647 Elmwood

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

a. STATE Mo

b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
647 Elmwood K.C. Mo

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

George

E

Holliver

4. DATE OF DEATH

Month

Day

Year

April

18

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/11/1884

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stationary Engineer - Pipe Line

10b. KIND OF BUSINESS OR INDUSTRY

Dover, Mo.

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Holliver

13b. MOTHER'S MAIDEN NAME

Ellen Kearden

14. NAME OF HUSBAND OR WIFE

Mrs. Nora M. Holliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. Nora M. Holliver

Address 647 Elmwood

K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

12 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Lymphatic Leukemia

6 months

DUE TO (c)

Generalized Arterial Sclerosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-20-62 to 4-18-62 and last saw him alive on 4-17-62
Death occurred at 11:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Jos. C. Mc Hale

M.D.

22b. ADDRESS

4601 Indep. Ave

22c. DATE SIGNED

4-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/20/1962

23c. NAME OF CEMETERY OR CREMATORY

Clonal Hills

23d. LOCATION (City, town, or county)

Kansas City Mo.

24. FUNERAL DIRECTOR

Clonal Hills Mortuary

ADDRESS

K.C. Mo

25. DATE RECD. BY LOCAL REG.

4-20-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. M. Janner

Licensed Embalmer No. 3453

P. O. Address K. C. Tan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.